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Domestic Violence Homicides in Maine: The 7th
Report of the Maine Domestic Abuse Homicide
Review Panel, 2008

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Honoring Lives, Working Towards Change...



Domestic Violence Homicides in Maine

**The 7th Report of the
Maine Domestic Abuse Homicide Review Panel**

March 2008

This report is dedicated to all who make it part of their work or life to reach out to those affected by domestic abuse.



Foreword by the Attorney General G. Steven Rowe

In the two years since our last report, 15 Maine people have been killed at the hands of a family members and/or intimate partners. I am deeply saddened by these losses and by the impact these murders have had on our state. When an abuser kills, he rocks the foundation of family and community and leaves a trail of heartbreak that cannot be healed. I extend my deepest sympathies to the children, family members and friends of those who have died as a result of domestic violence.

The 7th report of the Maine Domestic Abuse Homicide Review Panel is dedicated to the people who reach out to those affected by domestic abuse. We are all part of one community and when one of us is hurting, the entire community is hurting. Those in our community who help people to safety and who work tirelessly to change the culture of violence in our society deserve our respect and gratitude but they also need our help and our voices. The time is now for everyone, but particularly for men, to take responsibility for ending domestic violence. I urge you to find a way to do your part.

You will read in this report that of the fourteen cases reviewed, fifteen minor children lost one or both parents to domestic violence homicide. Ten of these children were present at the scene of the homicide. While these are stunning and unacceptable numbers, we must remember that even when domestic violence does not end in death or serious injury, it exacts a tremendous toll on our children.

Exposure to violence can hinder emotional, social and cognitive development. Chronic exposure can change the structure of the developing brain. Children who grow up in homes with domestic violence are often distracted and can have learning and behavioral problems. Children who are exposed to abuse often repeat the pattern of abuse as adults.

We must break this cycle of abuse. One of the most effective ways to do this is to invest in parent strengthening and early care programs. These programs help parents learn how to provide the safe, nurturing and stimulating environments that children need. They also connect parents with local services to help with problems in the home such as domestic abuse, substance abuse and mental health issues. Early investments in these types of programs yield high economic returns and may save lives.

While we work for lasting peace in our homes, the Office of the Attorney General remains steadfastly committed to seeking justice for those killed as a result of domestic violence. I am proud of the talented prosecutors and victim-witness advocates who have dedicated their careers to holding perpetrators responsible and offering compassionate support for families and friends of victims following these senseless deaths.

Maine's Domestic Abuse Homicide Review Panel plays an important role in creating social change to reduce homicides in Maine. I offer my thanks to those who serve on the Panel. I also offer my personal promise to work with Panel members and others in making systemic changes that will assist victims and hold perpetrators accountable. Through our collective efforts, we can reduce domestic violence homicides in Maine.

Foreword by the Panel Chair
Assistant Attorney General Lisa Marchese

WHAT if we knew who was going to be murdered? Would we be afraid or would we do something? These questions were posed by an editorial writer recently for a large Maine newspaper. As I read the editorial, I wanted to be able to say “of course people would help that person; of course people would do everything to prevent a murder.” However, as a homicide prosecutor as well as Chair of the Domestic Abuse Homicide Review Panel, I am well aware of the fact that although people recognize the dangers inherent in an abusive relationship there remains a challenge in educating citizens to help one another in preventing domestic abuse homicides.

This 7th report of the Panel is again a collaborative effort to make recommendations that will effectuate change. While it is too soon to identify a trend, it is important to note that domestic abuse homicides for this biennial (2006 & 2007) represent 42% of all the homicides while domestic abuse homicides in the 6th Annual report (2004 & 2005) represented 52% of all homicides. Although, even one death at the hands of an abuser is too many, I believe any downward trend in the domestic abuse homicide rate can be attributed in part to the hard work of the dedicated people of this state who work tirelessly to end abuse. In addition to Panel members, there are countless people who work in hospitals, doctor’s offices, law enforcement, the Courts and domestic violence projects to keep the streets of Maine safe. For your efforts, I would like to thank you for all you do. As people continue to educate one another on the resources available to victims of domestic violence, we will hopefully continue to see a decline in domestic violence homicides. I want to also thank all of the friends, parents, siblings, and co-workers who offer their support and kindness to victims of domestic violence on a daily basis because it really is their answer to the question “would you do something?” that signals whether real change has been achieved.

As a member of the Domestic Abuse Homicide Review Panel for the past eleven years, I am honored to work with a large number of people who make their life’s work helping victims of domestic abuse. The panel is comprised of people whose everyday professions bring them in contact with battered individuals and/or their children. The membership on the panel includes doctors, a judge, a nurse, and advocates from the domestic violence community, prosecutors, and representatives from law enforcement, DHHS, corrections and a newspaper columnist. Ten months a year, these dedicated people volunteer their time and expertise to travel to Augusta to review domestic violence homicides in order to better understand the changes that need to be made to save lives. The individuals on the panel are representative of those people who work tirelessly all around the state to help end domestic violence. We have dedicated this biennial report to these people by entitling the report: *HONORING LIVES, WORKING TOWARDS CHANGE*.

In closing, I want to thank Polly Campbell, Kate Faragher Houghton, Danyel Albert and especially Margo Batsie, Panel Coordinator for their hard work and dedication to this report.

Homicide Review Panel Membership 2007

Panel Chair:

Lisa Marchese
Assistant Attorney General-Homicide
Office of the Attorney General
6 State House Station
Augusta, ME 04333
207.626.8800
lisa.j.marchese@maine.gov

Panel Coordinator:

Margo Batsie
Research Assistant
Office of the Attorney General
6 State House Station
Augusta, ME 04333
207.626.8855
margo.batsie@maine.gov

Danyel Albert, Outreach Advocate, Family Crisis Services
Julie Atkins, Research Analyst, Muskie School of Public Service
Debra Baeder, PhD, Chief Forensic Psychologist, State Forensic Service
Eric Brown, MD, Eastern Maine Medical Center Family Medicine Residency
Polly Campbell, RN, Director of SAFE Program, Office of the Attorney General
Alice Clifford, Assistant District Attorney, Penobscot County Office of the District Attorney
Denise Giles, Victim Services Coordinator, Maine Department of Corrections
Chief Ed Googins, South Portland Police Department
Margaret Greenwald, MD, Chief Medical Examiner, Office of the Medical Examiner
Margaret Groban, Assistant United States Attorney, US Attorney's Office
Kate Faragher Houghton, JD, Consulting in Violence Prevention
Major Dale Lancaster, Maine State Police
Kathryn Maietta, LCSW, Acadia Hospital Batters' Intervention Program
Susie Maynard, Victim-Witness Advocate, Office of the Attorney General
Renee Ordway, Journalist, Bangor Daily News
Robin Whitney, Assistant Program Administrator, Department of Health and Human Services
Gretchen Ziemer, Advocate Training and Legislative Coordinator, Maine Coalition to End Domestic Violence
Mary Zmigrodski, Assistant Attorney General-Child Protection, Office of the Attorney General

Ad Hoc Members:

Karen Elliott, Adult Protective Services, Department of Health and Human Services
Elizabeth Ward Saxl, Executive Director, Maine Coalition Against Sexual Assault

Acknowledgments:

The Panel would like to thank the following former members for their contributions.

Kim Roberts-Fer
Jim Ferland
Bobbi Johnson, LMSW
Doreen Merrill
Carol Perkins
Melissa Peakes-Stevens
Janice S. Stuver
Hon. Vendean Vafiades
Jacky Vaniotis, RN

Mission Statement

The mission of the Maine Domestic Abuse Homicide Review Panel is to engage in collaborative, multidisciplinary case review of domestic abuse related homicides for the purpose of developing recommendations for state and local government and other public and private entities to improve the coordinated community response that will protect people from domestic abuse.

Panel Description

By law effective October 1, 1997, the Maine Legislature charged the Maine Commission on Domestic and Sexual Abuse with the task of establishing a Domestic Abuse Homicide Review Panel to “review the deaths of persons who are killed by family or household members”. The legislation mandated that the Panel “recommend to state and local agencies methods of improving the system for protecting persons from domestic and sexual abuse including modifications of laws, rules, policies and procedures following completion of adjudication.” The Panel was further mandated “to collect and compile data related to domestic and sexual abuse.” 19-A M.R.S.A. § 4013(4). See Appendix A for the complete language of the Panel’s enabling legislation.

The Maine Domestic Abuse Homicide Review Panel works each biennium to review each case of domestic abuse homicide with thought towards possible systematic change that could prevent future deaths. The Panel also has a significant role in the prevention and intervention work that goes on in Maine by gathering opinions and expertise from a variety of professional disciplines across the state that allow trends in Maine to be identified about domestic abuse.

The position of a research assistant was added to the Office of the Attorney General in 2002 to staff the work of the Domestic Abuse Homicide Review Panel. This part time position is responsible for gathering and distributing materials, collecting and compiling data about domestic abuse, and supporting implementation of the recommendations in this report.

In addition, the Panel:

- ❖ Reviews every domestic abuse homicide in the state of Maine at monthly meetings.
- ❖ Maintains a membership representing over 20 disciplines that interact with victims and/or perpetrators of domestic abuse.
- ❖ Maintains a centralized file of all cases reviewed by the Panel since the Panel’s inception in 1997, as well as centralized informational files for use by the Panel Chair and Panel members.
- ❖ Makes system recommendations aimed at enhancing intervention services and the prevention of domestic violence.
- ❖ Publishes a biennial report to promote its findings and recommendations.
- ❖ Presents a summary of the report to the Judiciary Committee of the Maine Legislature.
- ❖ Supports implementation of the recommendations created for its biennial report.

Case Summary Information

Number and Nature of Cases Reviewed

In the last two years the Panel reviewed fourteen domestic violence homicide cases involving fifteen victims and fourteen perpetrators. Five of the cases involved suicide by the perpetrator of the homicide. In one case, two victims were killed by the same perpetrator.

With the exception of the homicide-suicide cases that are reviewed at the end of the investigation, the Panel reviews cases after sentencing or acquittal. The cases reviewed for this report include five cases occurring in 2004, seven in 2005 and two in 2006.

Age and Sex of the Parties

The fifteen victims in these cases ranged in age from 29 to 78 years old and included thirteen females and two males. The fourteen perpetrators in the homicide cases reviewed in 2006-2007 ranged in age from 31 to 80 years old, and included thirteen males and one female.

Relationships of the Parties

Eleven of the homicides reviewed involved relationships between heterosexual couples. Six perpetrators were married to their victims at the time of the homicide; two were live-in boyfriends and one was a live-in girlfriend. Two of the perpetrators were former husbands/boyfriends. One was a son; one was a son-in-law and one was a brother. Finally, one perpetrator was the victim's boyfriend's adult son. Table A summarizes the relationship of the perpetrator to victim information.

Table A-Relationship Table

	Husband	Ex-Husband	Live-in Girlfriend	Live-in Boyfriend	Ex-Boyfriend	Son	Son-in-law ¹	Brother
Homicides	3		1	1	1	1	2	1
Homicides-Suicides	3	1		1				

¹ Victim's boyfriend's adult son is included in the Son-in-law category for purposes of this chart.

Weapons Used to Kill and Commit Suicide

The most common weapon perpetrators used to kill victims of domestic violence continued to be firearms. Of the fourteen perpetrators involved in the cases reviewed by the Panel, eleven killed their victims with firearms; two used knives and one beat his victim. The five perpetrators who went on to commit suicide did so with a firearm.

Table B-Weapons Table

	Firearms	Knives	Blunt Trauma
Homicides	6	2	1
Homicides-Suicides	5		

Existence of Protection from Abuse Orders

In the cases reviewed by the Panel, one of the fifteen victims had a Protection from Abuse Order in effect against the perpetrator at the time of the homicide.

Status of the Homicide Perpetrators

Of the fourteen perpetrators of the cases reviewed by the Panel in 2006-2007, five of them committed suicide at the time of the homicide. One was acquitted of murder. Three pled guilty to manslaughter and were sentenced to between nine and twenty years. The perpetrator who killed two victims was found guilty of manslaughter and was sentenced to two consecutive 30-year sentences. The remaining four were tried and found guilty of murder and were sentenced to between 40 and 70 years.

Panel Observations, Recommendations and Progress to Date

The Panel continues its tradition of making observations and recommendations to various systems and organizations as an outcome of the case reviews. In this report, the Panel reiterated some previously promulgated recommendations, and developed and implemented many new ones. Recommendations that have been recognized and acted upon are indicated with a checkmark. Details of the progress made to date are noted in italics after the recommendation.

The Impact on Children

The impact of domestic violence on children is undeniable. Of the cases reviewed for this report, fifteen minor children lost one or both parents to domestic violence homicide. Ten of these children were present at the scene of the homicide.

The Panel has made the following observations regarding the impact of domestic abuse on children:

- The Panel has previously recognized in the sixth report to the legislature and continues to observe the extensive harmful effects on children who are exposed to domestic abuse.

The Panel makes the following recommendations regarding the impact of domestic abuse on children:

1. The Panel recommends that the Maine Children's Cabinet gather stakeholders and create a multi-year plan to increase intervention services for children affected by domestic abuse.
2. The Panel recommends that the Maine Department of Education create a mandate for all Maine schools, elementary through secondary, to require age appropriate prevention education on domestic abuse, teen dating violence and healthy relationships. Included in this mandate should be the expectation that all school districts will partner with the Maine Coalition to End Domestic Violence and its local domestic violence projects to create curricula and provide their expertise in classroom presentations.

*“He came back and started shooting at my mother again. He was calling her names and saying swear words.”
~A child who witnessed her father shooting her mother.*

Healthcare System

Domestic violence and abuse is a major healthcare and public health problem. Victims of violence often see healthcare providers in clinics, emergency departments and doctors' offices for treatment of injuries and/or for routine visits. Homebound victims, such as the elderly or those with severe disabilities, are often seen by public health nurses and other in-home caregivers. Mothers take their children for routine pediatric care. More than half of female victims of domestic violence live in a household with children under the age of twelve. It is in these settings that opportunities arise to screen victims of domestic violence, offer support, safety planning, referral to a local domestic violence project and document findings in the patient's medical record.

The Panel has made the following observations regarding the healthcare system:

- Healthcare screening tools, when used, often ask about abuse by an intimate partner only and do not include other family or household members. Thus, elders abused by an adult child, other family member or caregiver and conversely teens experiencing abuse by a parent or guardian are missed.
- In many cases, healthcare providers have not been adequately trained in the use of a screening tool. Thus, they ask screening questions in a manner that is potentially unsafe for patients who are victims.
- Even with screening tools and training, healthcare providers may be uncomfortable with a positive screen, and do not know what to do with the information or do not appropriately address the issues of abuse.

The Panel makes the following recommendations regarding the healthcare system:

1. Domestic violence screening questions should be asked routinely at initial visits, yearly visits or visits with any change in partners. Additionally they should be asked at visits with any red flag complaints, e.g. anxiety/depression, injury, substance abuse, children who present with any behavioral issues.
2. Any screening questions must be asked when the provider is alone with the patient. If it is not possible to see the patient alone because the provider believes it could adversely affect the patient or compromise the patient's safety, the provider should clearly document this in the patient's medical record in a way that will prompt a future provider to do appropriate follow-up screening.

3. The Panel again recommends that screening tools include questions addressing abuse, violence and safety between all family members as opposed to intimate partners exclusively.
4. All healthcare settings and agencies should develop policies on domestic violence screening and basic intervention. This should be done in cooperation with the local domestic violence projects. Additionally, all healthcare providers must be trained on the aforementioned policies; specifically on how to properly ask the screening questions and what to do if patients are experiencing abuse in their lives.
5. The Panel recommends that the following agencies promulgate a standard of care regarding domestic violence screening that encompasses the aforementioned recommendations: Maine Medical Association; American Academy of Pediatrics, Maine Chapter; American College of Obstetrics and Gynecology, Maine affiliate; Maine Academy of Family Physicians; American College of Emergency Physicians, Maine Chapter; American College of Physicians, Maine Chapter; Maine Emergency Nurse Practitioner Association; Maine State Nurses Association; Maine Association of Certified Nurse Midwives and American Academy of Physician Assistants.

Maine Coalition to End Domestic Violence (MCEDV)

The Maine Coalition to End Domestic Violence's (MCEDV) mission is to create and encourage a social, political, and economic environment in which domestic violence no longer exists, and to ensure that battered women are supported and that batterers are held accountable. MCEDV mobilizes and coordinates community action through a statewide network of domestic violence projects. Through these partnerships, we focus our resources on public policy, education, and systems advocacy.

The Panel has made the following observations regarding MCEDV:

- Specific domestic violence homicides or homicides/suicides often result in a surge of community support for prevention and intervention efforts. The domestic violence projects of the Maine Coalition to End Domestic Violence have been and continue to be available to support the families and communities of homicide victims by providing support during subsequent legal proceedings, and by organizing vigils and memorials to honor victim's lives.
- In addition to statewide system reviews undertaken by the Maine Domestic Abuse Homicide Review Panel, local domestic violence projects have been and will continue

"So many things go thru my head every night. I go crazy when I leave you every day. I haven't loved anyone ANYONE as much as I love you." ~This was written in a letter to a victim from her batterer a month before her murder.

to be advocates for change in policy and practice that will improve systems' responses to domestic violence victims and perpetrators.

The Panel makes the following recommendations to MCEDV:

1. Because domestic abuse appears in all socio-economic classes, the Panel recommends that MCEDV create a statewide list of private social clubs and fraternal organizations, e.g. American Legion, VFW's, country clubs. In addition the Panel recommends that MCEDV partner with local law enforcement to develop and coordinate a statewide outreach campaign to these organizations.

The Legal System

The Panel has made the following observations regarding the legal system:

- It is dangerous for both parties in a Protection from Abuse proceeding to be represented by the same attorney. Furthermore, a victim of domestic violence is put at even greater risk if s/he is Pro Se and the abuser has legal counsel.
- The Panel observes that while at the scene of a domestic violence incident, many law enforcement officers are diligent about referring the victim to the local domestic violence projects as is required by 19-A MRSA Sec. 4012(6)(C) as well as by agency policy. However, currently not all officers document in their reports of these incidents that they made these referrals.
- The Panel observes that prosecutors may consider utilizing an expert domestic violence witness to assist the jury's understanding of the tactics of power and control.
- The Panel observes that judges in cases where domestic violence was an issue have missed opportunities for judicial intervention to the detriment of domestic abuse victims and their children.

The Panel makes the following recommendations regarding the legal system:

1. To enhance public awareness and the effectiveness of the legal system's response to domestic abuse cases, the Panel recommends that investigators, prosecutors, and judges acknowledge domestic violence cases as such, rather than referring to the statutory name for the crime alone.
2. The Panel recommends that District Court judges inform victims of their rights to report to the appropriate law enforcement agencies all criminal activity that is outlined in their Protection from Abuse affidavits.

3.  The Panel recommends that as a best practice all law enforcement officers in Maine document information about referrals to the domestic violence projects in their domestic violence-related incident reports to provide a measure that the referrals are being made across the board. *Currently all new cadets enrolled in the Basic Law Enforcement Training Program at the Maine Criminal Justice Academy receive instruction about domestic violence reporting that includes the best practice of documenting referrals in reports.*

"He pulled the trigger, but the lack of good legal representation killed her."
~Panel Member during a case review.

4. When there is a history of domestic violence between two parties applying for parental rights and responsibilities, the court should not issue orders with unspecific custody/visitation arrangements. To leave the custody/visitation negotiations up to the parties puts victims of domestic violence at continued and prolonged risk from their batterers. This puts the victims at greater risk if the victims are unrepresented by legal counsel.

5. The Panel recommends that the Panel Coordinator invite the Maine State Bar Association and other interested parties to explore potential models for a mandated Pro Bono requirement for all members of the Maine State Bar Association.

6. The Panel recommends that attorneys exercise extreme caution in providing legal services of any kind to both parties when there are allegations or a history of domestic violence-related crimes or are other signs of abusive power and control tactics between parties. The Panel further recommends that the Maine State Bar Association develop and issue a standard of practice related to this issue.

7. The Panel recommends that the Administrative Office of the Courts add a cover page to the Protection from Abuse complaint packet, which would include information about the local domestic violence projects as well as local law enforcement contact information.

8.  The Panel recommends that a person's involuntary commitment to a psychiatric facility should be reported to the National Instant Check System (NICS). *As per Executive Order #2 (2008-09) the Department of Public Safety is transmitting information to NICS regarding all persons in Maine found Not Criminally Responsible (NCR) or Not Guilty by Reason of Insanity (NGRI). Additionally, LD 1902 is currently pending in front of the Maine Legislature and it would allow the Department of Public Safety to additionally transmit information about all persons involuntarily committed to a psychiatric facility regardless if the proceeding is heard in civil or criminal court.*

9. The Panel recommends training on dynamics of domestic abuse and adverse childhood experiences to all judges at least every five years.

Maine Department of Health and Human Services (DHHS)

The Panel makes the following observations regarding DHHS:

- The Panel observes that older people are less regularly recognized as victims of domestic abuse and are subsequently screened for domestic abuse less frequently.

The Panel makes the following recommendations regarding DHHS:

1. Based on cases reviewed by the Panel involving homicide victims over 50 years of age, the Panel recommends that Adult Protective Services within DHHS, along with the Maine Coalition to End Domestic Violence, spearhead a working group to develop new services and resources throughout the state, as well as discuss the possibility of adapting existing services, specifically geared to support individuals who experience abuse later in life.
2. Domestic abuse affects people of all ages. Victims of domestic abuse who are over 50 years of age should be recognized as victims and given the appropriate referrals to local domestic violence projects.

Mental Health System

The Panel has made the following observations regarding the mental health system:

- The Panel observes that joint couples counseling puts victims of domestic abuse at risk as batterers use information gained during joint counseling against their victims. This is especially dangerous when the practitioner is not aware of a history of domestic abuse within the relationship.
- Batterers as well as victims have and will continue to seek mental health services. The Panel observes that there is no mechanism in place currently to screen for abusive behaviors in a person when they are seeking either inpatient or outpatient mental health treatment.

The Panel makes the following recommendations regarding the mental health system:

1. The Panel recommends that mental health professionals, the Maine Coalition to End Domestic Violence and the Maine Association for Batterers Intervention Programs partner to explore the feasibility of developing a tool to screen for abusive behaviors and/or tendencies, and study the efficacy of such a tool.
2.  The Panel recommends that mental health practitioners should be required to receive training on domestic abuse/violence, including the tactics used by batterers to manipulate their partners and practitioners, before licensure and as a component of continuing education. *Family Crisis Services is currently spearheading a research project to learn specifically how mental health providers interact with the victims of domestic violence, and what strategies might be recommended to improve this systems' overall response to victims. One potential outcome of this project is a set of standards relating to domestic violence to be promulgated at every learning institution in Maine that offers advanced degrees relating to the counseling field.*
3. The Panel recommends that mental health practitioners partner with their local domestic violence projects around issues of safety planning and other local community resources when working with victims of domestic abuse.

Domestic Abuse Homicide Review Panel

The Panel makes the following internal recommendation:

1.  The Panel recommends that it will work with a Maine newspaper to have an editorial written discussing the strong link between suicide and homicide within domestic violence relationships. *An editorial ran in the Portland Press Herald on November 16, 2007. See Appendix E.*

Public Awareness

The Panel recognized the importance of generating social change using awareness campaigns. Upon completing the case review of the last biennium, the Panel recommends that awareness campaigns be created to address the following:

1. The Panel observes that Maine continues to experience a tragic number of domestic violence-related homicide/suicides. In addition, cases continue to reflect that many bystanders were aware of both suicidal and/or homicidal threats made by perpetrators prior to them taking deadly steps. The Panel recommends that any individual who is aware that someone has threatened to kill him/herself or another person, in any circumstance and regardless of whether the individual's partner appears to take the threats seriously, should immediately contact local law enforcement to assess the threat.

"For the last year he had been talking about shooting her and then shooting himself" ~ a friend of the couple when interviewed after the murder.
2. The Panel recommends that the Maine Coalition to End Domestic Violence partner with suicide prevention agencies in Maine and other interested groups to create a joint public awareness campaign addressing suicide and homicide in the context of domestic violence.
3.  The Panel has reviewed cases in which animal abuse is perpetrated as a tactic of power and control over the human victim. The Panel further observes that animal abuse is a warning sign for lethality against the human victim. *The Linkage Project, a privately funded, statewide coalition of representatives from health and human services, law enforcement and child, adult and animal welfare, is working to increase community awareness of the strong link between animal cruelty and human violence. Project leaders are training human and animal welfare workers and law enforcement officers from across the state to work together to stop violence against people and pets. Additionally, in the 2005 legislative session, animals were specifically named in the list of property that can be protected with a Protection from Abuse Order.*
4. The Panel has in the past and again recommends that the Maine Coalition to End Domestic Violence create a public awareness campaign to educate the Maine community about safety issues during the breakup of a relationship, whether or not an individual has identified themselves as a victim of domestic abuse.

5.  The Panel recommends educating the public about the State and Federal firearm possession laws and encourages the public to report whenever they are aware of any violation of such a law. *The Project Safe Neighborhood Initiative in Maine has worked through its Project Safe Neighborhood Maine Task Force to promote knowledge about gun possession laws through public awareness campaigns in print media, and on television and radio.*

6.  The Panel has observed that bystanders (friends, family members, co-workers and acquaintances) do not always have the proper information and/or knowledge about how to support a victim of domestic abuse. Therefore, the Panel recommends that the Maine Coalition to End Domestic Violence and its partners in the community create a public awareness campaign that stresses the important role that bystanders play in the safety of victims. *MCEDV and its nine member projects continue to work hard to improve the public's knowledge base on issues of domestic abuse through community education programs. In addition, MCEDV and Project Safe Neighborhoods have produced a series of powerful public service announcements about how bystanders can reach out to and help support victims of domestic abuse.*

Appendix A: Enabling Legislation

Title 22 M.R.S.A. §4013. Maine Commission on Domestic and Sexual Abuse

4. Domestic Abuse Homicide Review Panel. The commission shall establish the Domestic Abuse Homicide Review Panel, referred to in this subsection as the "Panel," to review the deaths of persons who are killed by family or household members as defined by section 4002.

A. The chair of the commission shall appoint members of the Panel who have experience in providing services to victims of domestic and sexual abuse and shall include at least the following: the Chief Medical Examiner, a physician, a nurse, a law enforcement officer, the Commissioner of Human Services, the Commissioner of Corrections, the Commissioner of Public Safety, a judge as assigned by the Chief Justice of the Supreme Judicial Court, a representative of the Maine Prosecutors Association, an assistant attorney general responsible for the prosecution of homicide cases designated by the Attorney General, an assistant attorney general handling child protection cases designated by the Attorney General, a victim-witness advocate, a mental health service provider, a facilitator of a certified batterers' intervention program under section 4014 and 3 persons designated by a statewide coalition for family crisis services. Members who are not state officials serve a 2-year term without compensation, except that of those initially appointed by the chair, 1/2 must be appointed for a one-year term. [2001, c. 240, §2 (amd).]

B. The Panel shall recommend to state and local agencies methods of improving the system for protecting persons from domestic and sexual abuse, including modifications of laws, rules, policies and procedures following completion of adjudication. [2001, c. 240, §2 (amd).]

C. The Panel shall collect and compile data related to domestic and sexual abuse.[2001, c. 240, §2 (amd).]

D. In any case subject to review by the Panel, upon oral or written request of the Panel, any person that possesses information or records that are necessary and relevant to a homicide review shall as soon as practicable provide the Panel with the information and records. Persons disclosing or providing information or records upon the request of the Panel are not criminally or civilly liable for disclosing or providing information or records in compliance with this paragraph.[1997, c. 507, §3 (new); §4 (aff).]

E. The proceedings and records of the Panel are confidential and are not subject to subpoena, discovery or introduction into evidence in a civil or criminal action. The commission shall disclose conclusions of the review Panel upon request, but may not disclose information, records or data that are otherwise classified as confidential. [1997, c. 507, §3 (new); §4 (aff).]

The commission shall submit a report on the Panel's activities, conclusions and recommendations to the joint standing committee of the Legislature having jurisdiction over judiciary matters by January 30, 2002 and biennially thereafter.

Appendix B: Case Cover Sheet

MAINE DOMESTIC ABUSE HOMICIDE REVIEW PANEL

CASE COVER SHEET: VICTIM/PERPETRATOR

Case Number:

Review Date:

Town of Incident:

Victim:

Offender:

DOB:

DOB:

Employment:

Employment:

Relationship of Victim and Perpetrator:

Length of Relationship:

Minor Children:

Minor Children at Scene:

Date of Homicide:

Method/ Weapon of Homicide:

PFA in Affect:

Disposition and Sentencing:

Circumstances of death:

Types of prior abuse?

physical abuse:

sexual abuse:

emotional/verbal abuse

financial abuse:

abuse of children:

children exposed to abuse:

isolation:

other tactics of power and control:

Previous criminal and/ or civil justice involvement?

law enforcement:

judges:

bail conditions:

convictions

jail sentences:

probation conditions:

protection from abuse order(s):

district attorney's office:

Social service involvement?

batterer intervention program:

domestic violence projects:

sexual assault:

DHHS:

substance abuse treatment:

Medical system involvement:

mental health w/in medical facility:

emergency room:

primary care physician:

other:

Public awareness:

neighbors:

friends/family

co-workers/employment:

media:

Substances:

Toxicology of Victim:

Drug/Alcohol use by Perpetrator:

Other:

Appendix C: Maine Coalition to End Domestic Violence Member Projects

ABUSED WOMEN'S ADVOCACY PROJECT (Oxford, Franklin & Androscoggin Counties)
P.O. Box 713, Auburn, ME 04212-0713 • Admin: 207-795-6744
Hotline: 1-800-559-2927 or 207-795-4020 • Fax: 207-795-6814 • e-mail: awap@awap.org • www.awap.org

BATTERED WOMEN'S PROJECT (Aroostook County)
421 Main St., Suite 2, Presque Isle, ME 04769 • Admin.: 207-764-2977 • Hotline: 1-800-439-2323
Fax: 207-764-8631 • e-mail: dbaiettibwp@hotmail.com

CARING UNLIMITED (York County)
P.O. Box 590, Sanford, ME 04073 • Admin.: 207-490-3227 • Hotline: 1-800-239-7298 or 207-324-1802
Fax: 207-490-2186 • e-mail: caring@gwi.net • www.caring-unlimited.org

FAMILY CRISIS SERVICES (Cumberland & Sagadahoc Counties)
P.O. Box 704, Portland, ME 04104 • Admin.: 207-767-4952 • Hotline: 1-800-537-6066 or 207-874-1973
Fax: 207-767-8109 • Bath Fax: 207-442-0557 • Ptd. Shelter Fax: 207-842-6880
e-mail: familycrisis@familycrisis.org • www.familycrisis.org

FAMILY VIOLENCE PROJECT (Kennebec & Somerset Counties)
P.O. Box 304, Augusta, ME 04332 • Admin.: 207-623-8637 • Hotline: 1-877-890-7788 or 207-623-3569
Fax: 207-621-6372 • Skowhegan Fax: 207-474-6489
e-mail: fvp@familyviolenceproject.org • www.familyviolenceproject.org

NEW HOPE FOR WOMEN (Knox, Lincoln, & Waldo Counties)
P.O. Box A, Rockland, ME 04841-0733
Admin: 207-594-2128 • Hotline: 1-800-522-3304 or 207-594-2128
Belfast area hotline 207-338-6569; Damariscotta area hotline 207-563-2404
Fax: 207-594-0811 • e-mail: newhope@newhopeforwomen.org • www.newhopeforwomen.org

SPRUCE RUN (Penobscot County)
P.O. Box 653, Bangor, ME 04402 • Admin.: 207-945-5102 • Hotline: 1-800-863-9909 or 207-947-0496
Fax: 207-990-4252 • e-mail: sprucerun@sprucerun.net • www.sprucerun.net

THE NEXT STEP (Hancock & Washington Counties)
Hancock County: P.O. Box 1465, Ellsworth, ME 04605 • Admin.: 207-667-0176 • Hotline: 1-800-315-5579 or 207-667-4606
Washington County: P.O. Box 303, Machias, ME 04654 • Admin.: 207-255-4934 • Hotline: 1-888-604-8692 or 1-207-255-4785
Fax: 207-667-8033 • e-mail: lfoelman@nextstepdvproject.org • www.nextstepdvproject.org

WOMANCARE (Piscataquis County)
P.O. Box 192, Dover-Foxcroft, ME 04426 • Admin. & Hotline: 207-564-8165 • Hotline: 1-888-564-8165
Fax: 207-564-7418 • e-mail: wmncare@wmncare.org • www.wmncare.org

AROOSTOOK BAND OF MICMACS FAMILY VIOLENCE PREVENTION SERVICES:

Office Phone: 207-764-1972 or (Battered Women's Project): 1-800-439-2323

HOULTON BAND OF MALISEET INDIANS DOMESTIC VIOLENCE RESPONSE PROGRAM:

207-532-6401 or cell phone: 207-694-1353

PASSAMAQUODDY PEACEFUL RELATIONS DOMESTIC VIOLENCE RESPONSE PROGRAM:

Hotline: 207- 853-2613

PENOBCOT NATION: (Spruce Run) 1-800-863-9909 or 207-947-0496

Appendix D: Maine Coalition Against Sexual Assault

Sexual Assault Crisis & Support Center (SAC&SC)

Hotline: 1.800.871.7741 / 207.626.0660

Area served: Southern Kennebec, Knox & Waldo Counties

Rape Response Services (RRS)

Hotline: 1.800.871.7741 / 207.989.5678

Area served: Penobscot & Piscataquis Counties

Sexual Assault Support Services of Midcoast Maine (SASSMM)

Hotline: 1.800.871.7741 / 1.800.822.5999

Area served: Eastern Cumberland, Sagadahoc & Lincoln Counties

Downeast Sexual Assault Services (DSAS)

Hotline: 1.800.871.7741 / 1.800.228.2470

Area Served: Hancock & Washington Counties

Sexual Assault Victims Emergency Services (SAVES)

Hotline: 1.800.871.7741 / 207.778.0110

Area Served: Franklin County

Sexual Assault Crisis Center (SACC)

Hotline: 1.800.871.7741 / 207.795.2211

Area Served: Androscoggin County

Sexual Assault Response Services of Southern Maine (SARSSM)

Hotline: 1.800.871.7741 / 1.800.313.9900

Area Served: Cumberland & York Counties

AMHC Sexual Assault Services (SAS)

Hotline: 1.800.871.7741 / 1.800.550.3304

Area Served: Aroostook County

Rape Education and Crisis Hotline (REACH)

Hotline: 1.800.871.7741

Area Served: Oxford County

Rape Crisis Assistance & Prevention (RCA&P)

Hotline: 1.800.871.7741 / 1.800.525.4441

Area Served: Northern Kennebec & Somerset Counties

Appendix E: November 17, 2007 Editorial from the Portland Press Herald

With domestic violence, speaking up can save a life Ordinary people can do a lot in the fight against Maine's leading cause of murder.

PORTLAND PRESS HERALD
Saturday, November 17, 2007

What if we knew where the plane was going to crash? What if we knew which bank was going to be robbed? What if we knew who was going to be murdered? Would we feel compelled to do something?

When it comes to murder in Maine, we almost do know. If there are 20 homicides next year, a number consistent with recent trends, 10 of them will result from domestic violence.

Most of the victims will be wives or girlfriends killed by current or former husbands or boyfriends. Some will be bystanders, including children, parents or friends of the target.

In every case, someone acquainted with the victim will have known that the relationship was abusive. Sometimes it will be a medical professional, a social worker or a teacher. Other times it will be a friend, a relative or a neighbor.

Although every situation is unique, these crimes are linked by repeating themes that jump out after the fact.

Once we know that abusive relationships can end in murder and we become aware of the patterns, we all have a responsibility to speak up when we see a dangerous situation.

Doing so can be awkward and might look like a lot of trouble. It could also save a life.

Statistics in a state as small as Maine can be misleading. Maine's high rate of domestic violence murders does not necessarily mean that there is more domestic violence here than in other states. More likely, it's a reflection of the fact that we have less of the random violence that plagues many of our big cities.

That doesn't mean that domestic violence is not deserving of our attention. Even if 10 or so abusive relationships end in murder each year, domestic violence assault is one of the most commonly reported violent crimes. And experts in the field estimate that it goes unreported about half the time.

All of those people have someone in their lives who could steer them toward help. This is an area where more focus can make a difference.

LOOKING AT THE CASES

The Maine Domestic Abuse Homicide Review Panel was created in 1997, and meets monthly to go over the recent case files and look for ways things could have been different.

About 100 murders later, members have identified several trends that should serve as a warning sign to all of us. Some of them seem obvious, others less so. But none of them should be ignored.

Perhaps the most important common factor in almost every case studied is the finding that the most dangerous time in an abusive relationship is when the victim tries to leave.

A batterer is seeking control, and when his or her control is threatened, violence often escalates. A victim leaving an abusive household should have an exit plan to ensure his or her safety. This is especially important when children are involved.

An abuse victim should be encouraged to contact a domestic violence advocacy organization, to help plan a safe exit and find shelter. A decision to leave should be well thought out.

Another common thread found in some, but not all, cases studied is that a dangerous situation is often preceded by a suicide threat.

A desire to hurt oneself can quickly turn into violence against another. But suicidal statements are often disregarded as empty threats or psychological or spiritual problems.

Assistant Attorney General Lisa Marchese, a homicide prosecutor who chairs the panel, advised people to take every suicide threat seriously and report them to the police, who can sometimes intervene, especially if guns are involved.

Another finding of the panel is that not every domestic-violence murder is preceded by a linear pattern of escalating violence.

Sometimes, the first violent act is the murder, but the relationship was still marked by power struggles, often over money or jealousy.

In those cases, it's vital for friends and co-workers to point out that what they are seeing is not normal, and even if the relationship is not violent, it can turn so quickly. The target of controlling behavior should be encouraged to speak with a domestic-violence agency.

PUBLIC AWARENESS

People who work with children should receive training that helps them recognize the signs of a child in an abusive home. Sometimes these children will act out at school or play in ways that get them in trouble.

In some cases, that behavior could be a sign that the child is witnessing something at home that he or she cannot understand.

The state's domestic violence agencies, along with the department of public safety and the Attorney General's Office, have invested significantly in training over the last decade, educating police officers, judges, doctors and most recently hairdressers about the dynamics and dangers of violence in a domestic relationship.

While there has been significant progress, there is still much to be done. Victims are not seeking help, and people who know about the abuse are keeping that knowledge to themselves, sometimes until it's too late.

Marchese describes a major frustration of her work comes after a murder, when witnesses tell detectives that they knew that this would happen.

"People are not helping other people," she said. "They have to be told, don't be afraid, give some advice, go to the police."

What if we knew who was going to be murdered? Would we be afraid, or would we do something?

Appendix F: Becoming an Active Witness

The following information is an expert from MCEDV's website. For more information please go to www.mcdev.org.

Action Steps to Becoming an Active Witness

See it: Notice that something's wrong

The abused person may show some of the following signs, as a direct result of the abuse.

- **Physical.** Unexplained injuries, hidden injuries, bruises, black eyes, sprains, broken bones or teeth.
- **Emotional.** Anxious, upset, depressed, tearful, jumpy, angry, worried, restless, quiet, or confused.
- **Social.** Avoiding people, not answering the door or phone, cancelling events, getting into arguments.
- **Financial.** Overdrawn account, foreclosure or eviction, wage garnishment.
- **Legal.** Frequent court dates, divorce, child custody problems, child abuse investigation.
- **Work.** Absences, tardiness, sick days, a decrease in work quality, unable to complete tasks, becoming isolated from coworkers.

Say it: Talk about the abuse

Try the following steps when talking about abuse:

- **Tell her what you see.** “I noticed a bruise on your arm.”
- **Express concern for her.** “I am worried about you.”
- **Show support.** “No one deserves to be hurt.”
- **Refer her to a help source.** “I have a phone number to...”

If your friend begins to talk about the abuse:

- **Just listen.** Listening can be one of the best ways to help.
- **Keep it confidential.** Don't tell other people that she may not want or be ready to tell. If there is a direct threat of violence, tell her that you both need to tell someone right away.
- **Provide information, not advice.** Give the phone number to the Statewide Domestic Violence Helpline (1-866-834-HELP) or other local resources. Be careful about giving advice. She knows best how to judge the risks she faces.
- **Be there and be patient.** Coping with abuse takes time. She may not do what you expect her to do when you expect her to do it. If you think it is your responsibility to fix the problems, you may end up feeling frustrated. Instead, focus on building trust, and be patient.